RI SOS Filing Number: 200704510610 Date: 12/10/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
155645	HEALTHCARE DEVELOPMENT STRATEGIES, LLC.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	HEALTH CARE CONSULTING

5. Principal office address	City	State	Zip
100 OLDE MILL LANE	NORTH KINGSTOWN	RI	02852

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JOSEPH F HALEY	

Street Address	City	State	Zip
100 OLDE MILL LANE	NORTH KINGSTOWN	RI	02852

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address		
JOSEPH H. HALEY			
Address	**City**	**Zip**	
100 OLDE MILL LANE	NORTH KINGSTOWN	02852-	

FILED
DEC 10 2007
By SA

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person — *Date* 10/12/07

Joseph F. Haley
Print or Type Name of Authorized Person

File Date 2007 DEC 10 PM 12:24
Check No.
By:
15607-1-198374
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07